

IN THE UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS

28 March 2005  
Mark Reaves  
24 Ionia Street  
Springfield, MA 01109  
Plaintiff

CIVIL ACTION

NO. 04-30125-KPN

v.

Massachusetts Army National Guard  
Milford, Massachusetts

Raymond Vezina,  
Milford, Massachusetts

Robert Jordan, MAJ  
Milford, Massachusetts

Thomas J. Sellars, LTC  
Milford, MA

Richard Nagle, MAJ  
Milford, MA

Defendants

Notice of Service

I hereby submit that I have made constructive service upon defendant "Robert Jordan". I have received the postal verification showing proof of receipt of the waiver of service form; however, the waiver of service form was not completed and returned.

I have submitted for the record waiver of service forms for all other defendants in this case. I respectfully request to move forward at this time.

This request is respectfully submitted.

Thank You

  
Mark Reaves  
Pro, Se  
Plaintiff

Encl  
Postal Service Verification

FILED  
IN CLERK'S OFFICE  
MAY 29 A 10:11  
U.S. DISTRICT COURT  
DISTRICT OF MASS.

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MILFORD, MA 01757

7298	8915	7004	1160	0004	Postage	\$ 0.60	UNIT ID: 0610
Certified Fee						2.70	
Return Receipt Fee (Endorsement Required)						1.75	Postmark Here
Restricted Delivery Fee (Endorsement Required)							Clerk: KP71R5
Total Postage & Fees						\$ 4.05	ROBERT E. JORDAN

*7/21/05*

**Sent To** THE COMMONWEALTH OF MASSACHUSETTS  
 Street, Apt. No.: 50 MAPLE ST  
 or PO Box No.:  
 City, State, ZIP+4: MILFORD MA 01757

PS Form 3800, June 2002      See Reverse for Instructions

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <i>Robert E. Jordan</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>ROBERT E. JORDAN</i> C. Date of Delivery <i>3/2/05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes    If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>THE COMMONWEALTH OF MASSACHUSETTS    JOINT FORCE HEADQUARTERS    MA NATIONAL GUARD    50 MAPLE ST    MILFORD, MA 01757    ROBERT E. JORDAN</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article N    (Transfer) <i>7004 1160 0004 7298 8915</i></p>			

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540